

MARCH 16, 2010.

Nine States allow private plans to refuse coverage for domestic violence survivors.

Eighty-eight percent of private insurance plans do not cover comprehensive maternity care. In many policies, a previous C-section and being pregnant are considered preexisting conditions.

Less than half of all women in America have employer-sponsored insurance. This is partly due to the fact that more women tend to work for small businesses or have part-time jobs where health insurance is not offered, certainly the case in Hawaii.

It's time for reform.

PASS THIS HEALTH CARE REFORM LEGISLATION NOW

(Mr. CLAY asked and was given permission to address the House for 1 minute.)

Mr. CLAY. Mr. Speaker, I rise this evening as we prepare for this historic vote, and I'm here to tell you that the people of Missouri's First District want us to act and pass this health care reform legislation now. And here's why:

It will improve coverage for 331,000 residents who already have health insurance. And it will give tax credits to 168,000 families and 15,000 small businesses to help them afford coverage. It will improve Medicare for 96,000 seniors, including closing the doughnut hole. It will extend coverage to 45,500 uninsured residents. It will guarantee coverage for 10,000 residents with preexisting conditions. And it will protect 1,400 families from medical bankruptcy.

This plan ends gender-based discrimination by stopping insurance companies from charging women more than men for the very same coverage.

It is time to act, Mr. Speaker.

HEALTH CARE REFORM IS CRITICAL FOR WOMEN IN AMERICA

(Ms. TITUS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TITUS. Mr. Speaker, the need for health care reform is critical for so many in America, but for women, the need is even greater. With health care costs weighing heavily on our small businesses, and with women more likely to own or work for small businesses, it's critical that real reform help those businesses compete by lowering health care costs.

In Nevada, insurers are allowed to consider gender when setting premium rates in the individual health insurance market. And as a result of this gender rating, women are often charged more than men for the exact same coverage.

Insurers can also exclude coverage for certain preexisting conditions, such as having had a C-section and even being pregnant. And it can be difficult, sometimes impossible in certain markets for women to find coverage for

maternity care in the individual health market.

I say it's time to tell insurance companies that being a woman is not a preexisting condition.

HEALTH CARE FOR WOMEN

(Mrs. NAPOLITANO asked and was given permission to address the House for 1 minute.)

Mrs. NAPOLITANO. Mr. Speaker, the facts are that, according to the National Institutes of Health, suicide is the leading cause of death for women. That is unacceptable.

Actually, adequate health care coverage is critical to the future of women who suffer in silence from mental illness, whether it is postpartum depression, or some of the military women whose families are not covered by VA who suffer loneliness, stress, depression, and everything that goes with it, especially if they're tending to a spouse who's got TBI or PTSD.

They're rejected by the insurance, denied coverage for preexisting conditions. There's articles by The L.A. Times, The Memphis Editorial, Minneapolis Star Tribune, Pittsburgh Post-Gazette, Dayton Daily News, Detroit Free Press, and The Missouri Herald, supporting health care reform.

We must vote for it. Let's get it done.

HEALTH CARE REFORM

(Mr. BURGESS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURGESS. I received a letter yesterday from a State senator in my State, Tommy Williams, who's from the Beaumont area, not my immediate area but he serves on their Senate finance committee in the State. He worked on the State budget last year and will work on it again next year.

He says: "I am writing respectfully to ask you to oppose President Obama's proposed health care reform plan as outlined in the President's summary reform." He said: "In a word, it will be devastating."

The analysis provided to Senator Williams from their Health and Human Services Commission is roughly \$4 billion to \$5 billion for the 2-year budget if we implemented this plan in a State that is arguably in better shape than other States but still facing a significant budget shortfall for the next budget year, \$11 billion to \$17 billion.

He concludes with: "I hope you understand as a member of the Senate Finance Committee who has wrestled with these very difficult issues I respectfully ask you to oppose President Obama's plan because of the fiscal havoc it would cause for the State we both love so dearly."

"Respectfully, Tommy Williams, State Senator."

I will put Tommy Williams' letter into the RECORD.

Hon. MICHAEL BURGESS,
Canon Office Building,
Washington, DC.

DEAR REPRESENTATIVE BURGESS: During the last session of the Texas Legislature it was my privilege to negotiate the Article II (Health and Human Services) provisions of the conference committee report on our state budget. In doing so I have become intimately familiar with the effects that state and federal mandates can have on health care-related costs in Texas and to Texans.

I am writing to respectfully ask you to oppose President Obama's proposed health care reform plan as outlined in the President's summary reform document released February 22, 2010.

Recently, the Texas Health and Human Service Commission (HHSC) provided me with an analysis of the impact of President Obama's proposal on our state budget. In a word, it will be "devastating."

As I am sure you are aware, our state is in much better fiscal shape than many of the others; however, we are facing a gap between projected revenues and expenditures of approximately \$11–\$17 billion for the next biennium. Health and Human Services expenditures already make up roughly 1/3 of General Revenue (GR) expenditures and are a significant cost driver in the state's budget.

HHSC's analysis estimates that the President's proposal would cost the State of Texas as much as \$24.3 billion dollars over the next 10 years. This includes a \$6.0 billion reduction in available DSH funding. Our state can simply not afford an additional average cost of \$4.0–\$5.0 billion per biennium over the 10 years it would take to implement this plan.

I appreciate your hard work toward health care reform we can all support. I hope you understand as a member of the Senate Finance Committee who has wrestled with these very difficult issues I respectfully ask you to oppose President Obama's plan because of the fiscal havoc it would cause for the state we both love so dearly.

Respectfully,

TOMMY WILLIAMS,
Texas State Senator, District 4.

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SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. HOYER) is recognized for 5 minutes.

(Mr. HOYER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. RICHARDSON) is recognized for 5 minutes.

Ms. RICHARDSON. Women comprise over 50 percent of the population. In the 2008 Presidential election, 53 percent of the people who voted were women. And indirectly, when women are involved in anything, any major decision, it impacts all family households